

Exhibit 334-1-H  
Personnel Manual  
HHS Transmittal

EXTENSION OF ASSIGNMENT AGREEMENT  
UNDER THE INTERGOVERNMENTAL PERSONNEL ACT  
(Numbered Items match Initial Agreement Information Blocks)

Assignee's Name \_\_\_\_\_ 3. Social Security # \_\_\_\_\_

Federal Agency Co-Sponsor \_\_\_\_\_

Non-Federal Agency Co-Sponsor \_\_\_\_\_

5.A. Previously Approved Assignment Period: From: \_\_\_\_\_ To: \_\_\_\_\_

5-B. Proposed Period for Extension: From: \_\_\_\_\_ To: \_\_\_\_\_

1-B. Reason assignment was not completed in initially approved period: why extension is proposed:

27-A. Cost-Sharing of Salary and Allowable Expenses (at rates of first day of assignment/extension)	Total Costs	Federal Share	Non-Federal Share	Ratio
*Annual Salary (or monthly salary annualized)	\$ _____	\$ _____	\$ _____	/
*Annual Employee Benefit Cost (retirement, etc.)	\$ _____	\$ _____	\$ _____	/
Total Annualized Salary & Benefit Costs	\$ _____	\$ _____	\$ _____	/
**Length of Assignment Multiplier				
Salary and Benefit Cost over Assignment Period	\$ _____	\$ _____	\$ _____	/
***Federally Authorized Relocation Expenses	\$ _____	\$ _____	\$ _____	/
Pre-Assignment Calculation of Assignment Cost	\$ _____	\$ _____	\$ _____	/

Salary and benefit cost arbitrarily those as of the first day of the proposed extension (adjustments for changes in pay and benefits during the extension period are prescribed in Block 24 of the initial agreement unless modified in Item #32-B)

\* Example: 2 year would be: X 2 8 months would be: X .67 1 full year would be: X 1

\*\*Return trip expenses to be based on costs as of the first day of the extension period

7-B. Demonstration of Need for Variance Approval Federal        Non-Federal       

Fit Ratio (last line from Block 26 of Initial agreement)        /       

Cost-sharing Commitments of Extension (last line of Item 27-A above)        /       

☐ Federal costs are the same or less than estimated Federal benefit (go to Item #32-B)

☐ Federal costs exceed estimated Federal benefit

☐ Variance approval not required as explained in Block 27-B of Initial agreement

☐ Justification for variance explained in Block 27-B of Initial agreement

☐ Other justification:

7-C. Benefit Ratio/Cost-Sharing Ratio Variance Approval: ☐ required (Item 45) ☐ not required

2-B. All other terms of the previously approved agreement remain the same except as noted below:

CERTIFICATION AND CONCURRENCE: The mutual benefits described in the initial agreement for both the Federal and non-Federal co-sponsors are expected to continue through the extension period:

\_\_\_\_\_  
35. Signature of Assignee \_\_\_\_\_  
Date

\_\_\_\_\_  
37. Signature of OPDIV Endorser \_\_\_\_\_  
Date

\_\_\_\_\_  
39. Signature of authorizing \_\_\_\_\_  
Non-Federal Official 41. Date

\_\_\_\_\_  
38. Title \_\_\_\_\_  
40. Signature of Authorizing HHS Official 42. Date

43. Typed or Printed Name and Title:

44. Typed or Printed Name and Title:

45. Signature of ADDITIONAL APPROVING OFFICIAL: ☐ required ☐ not required

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name and Title